

1997

Satisfaction Survey of Enrollees in Utah HMOs

**Summary Report (HPS1):
Comparison of Respondents and Responses between
Medicaid Beneficiaries and Commercially-Insured
HMO Clients**

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Executive Summary

UTAH'S PERFORMANCE MEASUREMENT SYSTEM

Background

Over 70 percent of Utahns are enrolled in some form of managed care plan. To expand coverage to more uninsured Utahns and reduce Medicaid's growing government budgetary impact, almost all Medicaid beneficiaries in the Wasatch-Front area are currently enrolled in managed care plans (managed care is a health care organizational framework, adopted by the public and private sector, to control costs by monitoring how its contracted doctors and hospitals treat patients and by limiting access to specialists and costly procedures). This rapid expansion of managed care delivery systems has outpaced the HMO industry's ability to produce meaningful data for prudent policy and consumer decisions about their care. Since 1996, the Utah Health Data Committee has been working with HMOs, Medicaid, policy makers, and public health officials to fill this information gap and has implemented the Utah Health Plan Performance Measurement Reporting System. This report was funded by the Utah Legislature and was developed under the direction of the Utah Health Data Committee, Utah's Medicaid program, and participating HMOs.

Since 1996, one of the Utah Health Data Committee's statutory mandates has been to establish a health care performance measurement system, beginning with managed health care plans, to leverage market-based decisions by consumers, purchasers, and health plans, and to provide policy makers with information about managed care and its impact on Utahns.

This Health Plan Performance Measurement System has been based on the premise that, in order to promote accountability and market competition, consumers and purchasers must have access to objective, comparable information about their health care choices. To assure that cost-cutting does not compromise quality, health plans must be encouraged to compete on more than price.

This HMO Enrollee Satisfaction Survey is one part of a comprehensive Health Plan Performance Measurement System established by the Utah Health Data Committee and is based on the Health Plan Employer Data and Information Set (HEDIS) developed by the National Committee for Quality Assurance (NCQA). HEDIS is a set of standardized performance measures developed by NCQA and consists of the following components:

HMO records: HMOs collect and calculate performance measures based on NCQA's specifications. These measures have been audited by NCQA according to NCQA's HEDIS Compliance Audit Standards to verify the accuracy of each plan's HEDIS reporting process and the validity of selected measures.

Enrollee Satisfaction Survey: The Utah Health Data Committee and the Division of Health Care Financing, Utah Department of Health (Medicaid) subcontract with an independent survey agency to conduct a satisfaction survey of randomly-selected members in Utah's Medicaid and commercial HMOs. Each respondent is asked detailed questions about his or her health care experience and is asked to rate the health plan or care in 22 specific areas.

Utah is one of several states to publish consumer-oriented comparative reports on its licensed HMO plans. What distinguishes Utah's efforts, however, is the integration of Medicaid into the commercial HMO measurement activities. The integration of Medicaid into the health plan measurement system offers State policy makers the opportunity to monitor the impact of Medicaid policies on its HMO enrollees relative to their commercially-insured counterparts and an opportunity to sort out Medicaid implementation issues that are independent of "managed care" issues. Many assumptions are often made about Medicaid beneficiaries - that they are sicker, less compliant to medical interventions, and seek care differently than commercially-insured populations. Quantifying these population differences and their responses to their managed care experience, is now possible.

About this Report

This report is intended to help policy makers and Medicaid and public officials shape health and reimbursement policies and assess the impact of managed care on Medicaid and commercially-insured enrollees in Utah. The HMO plans will use the data to evaluate their performance in relation to their competitors. Plan-level results will serve as the basis for a HMO plan "report card" for consumers later in 1998. This report will highlight the differences between Medicaid beneficiaries and their commercially-insured counterparts in Utah's licensed HMO plans and compare these results with the baseline satisfaction and enrollee profile data established in 1996.

Summation of Findings

The second annual satisfaction survey permits evaluation of progress toward quality goals by comparing result to the 1996 baseline and differences between Medicaid HMO and commercial HMO populations. Though HMO quality -- as implied by the enrollees' responses to the 1997 survey -- remains high, there are some issues worth noting.

- ◆ A decline in overall HMO performance. Both Medicaid beneficiaries and the commercially-insured reported an 8% decline in overall health plan performance (Figure 9).
- ◆ Access to health care and services after hours and during weekends continue to be a problem for both Medicaid and commercially-insured populations. Approximately 28% of Medicaid and commercial HMO enrollees reported "fair" or "poor" on this aspect of health plan experiences, an increase from the 1996 survey results (Table 14).
- ◆ Both populations reported lower health status and more chronic conditions. Almost one fourth of Medicaid beneficiaries reported "fair" or "poor" health, compared to only 6 percent of the commercially-insured (Table 5).
- ◆ The chronic condition with the highest Medicaid-commercial differential is depression. Medicaid clients were three times as likely as the commercially-insured to report limits in their social activities due to their health three times higher than the commercially-insured (Figure 4b and 4c).

The higher chronic illnesses and lower general health status of the Medicaid population presents challenges to the HMOs. However, opportunities to manage the medical care and services received by these special populations may change the negative perception caused by these conditions.

Health Plan Participation

A measurement system of this magnitude requires collaboration between all parties: the Utah Health Data Committee, Utah's Medicaid program and other Department of Health agencies, and the HMO plans. The HMO plans are market competitors, yet have worked extensively with the Health Data Committee and Medicaid to report valid data and share technical and content expertise to assure that the data are comparable and meaningful.

A list of the HMO plans participating in the 1997 HMO Enrollee Satisfaction Survey and the number of enrollees interviewed is listed in the table below:

Number of Adults Interviewed:			
Medicaid-Contracted HMOs	No. of Interviews	Commercial HMOs	No. of Interviews
BC/BS - MedUtah	408	CIGNA	405
IHC Access	401	BC/BS - HealthWise	403
PacifiCare (including		IHC Care	401
PacifiCare-Select)	602	IHC SelectMed	400
United MedChoice	400	Intergroup	401
		PacifiCare	409
		United	402

Overview

Analyses of the satisfaction survey results are intended to measure the HMO enrollees' experience with health care services they received. Other factors which are not relevant to the actual health care experience may have influenced the enrollees' satisfaction. It is important that we consider and adjust for these confounding factors so that the actual health care experience is measured. The next three sections describe these confounding factors which are grouped into three categories: 1) Socio-demographic characteristics, 2) Enrollment and utilization, and 3) Health status of enrollees.

Integrating multi-year results, HDA has established baseline and trend information of Utah managed care enrollees' demographic profiles, health status, and health care utilization and experience, which is important before we can set goals and expectations for the health care delivery systems. The survey results will be compared between payer groups (Medicaid and commercial), across health plans, and over time.

Organization of this Report

The "Findings" section of this report is divided into six parts. Part I describes the socio-demographic characteristics of Medicaid beneficiaries and commercially-insured HMO clients in the survey samples. Also included in this part are comparisons of health status and satisfaction with care or health plan among different socio-demographic subgroups. Part II of the "Findings" section describes the extent of experience of enrollees with their health plan by looking at length of enrollment, visits to health care provider, and hospitalization. Part III describes the health status of the enrollees. Part IV highlights the results of the satisfaction items pertaining to indicators of health plan performance, including enrollees' experiencing problems with the health plans, frequency of complaints, and experiences with appointments. Part V presents the enrollees' satisfaction ratings on overall performance measures and examines specific aspects of medical care or health plan contributing the most to these ratings. Part VI and Part VII presents the satisfaction of enrollees in various aspects of medical care or health plan. Comparisons of the 1996 and 1997 survey results are displayed for the purpose of highlighting changes that are significant between the two year results.

The objectives of the enrollee satisfaction surveys include the following:

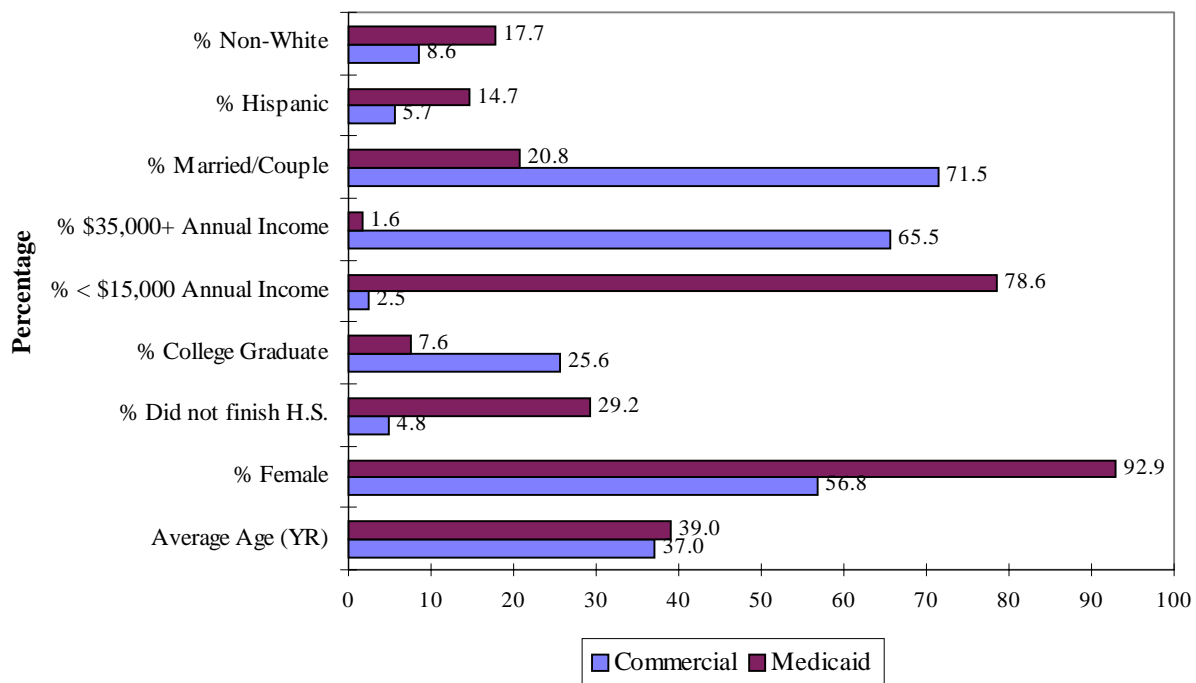
- ◆ to collect information to measure the satisfaction of enrollees with various aspects of their health plan and the health care they receive;
- ◆ to identify features of care and service that contribute most to enrollee satisfaction; and
- ◆ to examine how subgroups of enrollees (defined by socio-demographic characteristics, health status, and utilization patterns) differ in rating the health plans as described above.

I. Socio-Demographic Characteristics

As in 1996, Medicaid beneficiaries are more likely to be younger females, unmarried with less income and lower educational status than the commercially-insured. These differences alone have important implications regarding their experience in the health care system in terms of attitudes toward health care, access to informational resources, ability to effectively interact with providers, and ability to adapt to the structured features of managed care.

Figure 1 illustrates the socio-demographic profile of the Medicaid and commercially-insured enrollees surveyed in the 1997 sample by age, sex, education, family income, race, ethnicity, and marital status. Table 1 in Appendix A contains additional information on socio-demographic characteristics of the enrollees in the sample.

**Figure-1: Socio-demographic Characteristics
Medicaid Beneficiaries and Commercially-insured Clients**



Note: Female enrollees represent over 90% of the Medicaid AFDC (Aid to Family with Dependent Children) group which is the majority of respondents in this survey. After excluding children w/adult proxies responses, most Medicaid survey respondents are female enrollees with dependent children.

II. Enrollment and Utilization

The duration of enrollment, number of visits to health care providers, and number of hospitalizations serve as measures of an enrollee's experience with their health plan. There is a negative correlation between duration of enrollment, the use of outpatient and inpatient services, and satisfaction. In other words, the longer one is enrolled with their health plan the more likely he or she is to have used its services, which tends to result in lower satisfaction.

One hypothesis that can be formulated is that the more experiences one has with the services offered through the health plan, the more likely that he or she would find some aspects of the health plan that is unsatisfactory. However, it may be argued that more experiences with a health plan means greater understanding of how the health plan system works and greater appreciation of how it helps improve or maintain one's health.

◆ Medicaid beneficiaries are likely to report more visits to a doctor and hospitalizations than the commercially-insured (Figure 2 and 3).

◆ Both Medicaid and commercially-insured respondents reported a higher utilization than they did in the 1996 survey.

◆ About 34 percent of the 1997 Medicaid respondents reported more than 10 visits to health providers, compared to only 24 percent in 1996.

◆ 18 percent of the commercially-insured reported more than one hospitalizations in 1997, compared to only 12 percent in 1996.

Figure 2: Number of visits to health care providers in the past 12 months, Medicaid beneficiaries and commercially-insured HMO clients

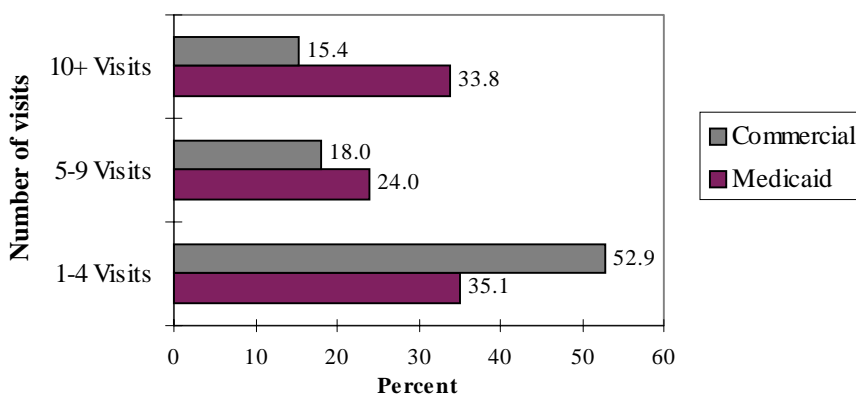
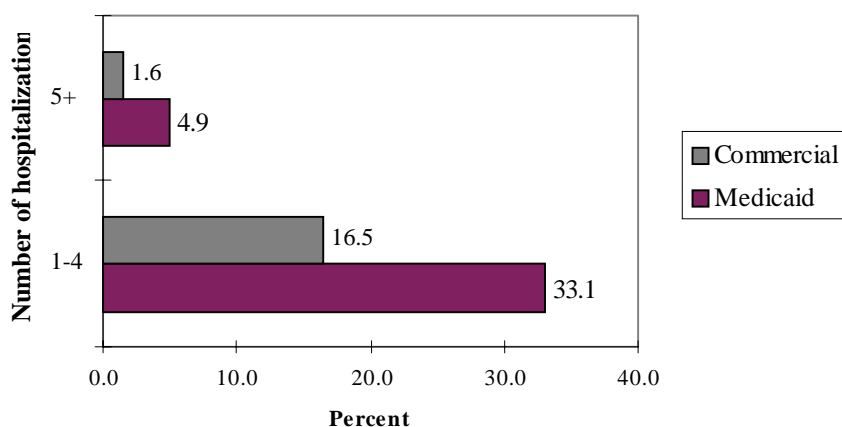


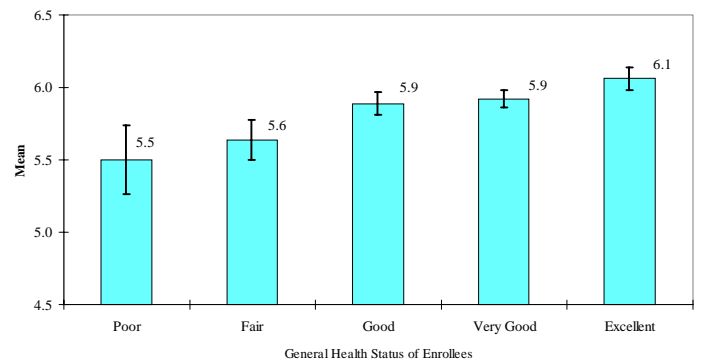
Figure 3: Number of hospitalizations in the past 12 months Medicaid beneficiaries and commercially-insured HMO clients



III. Health Status

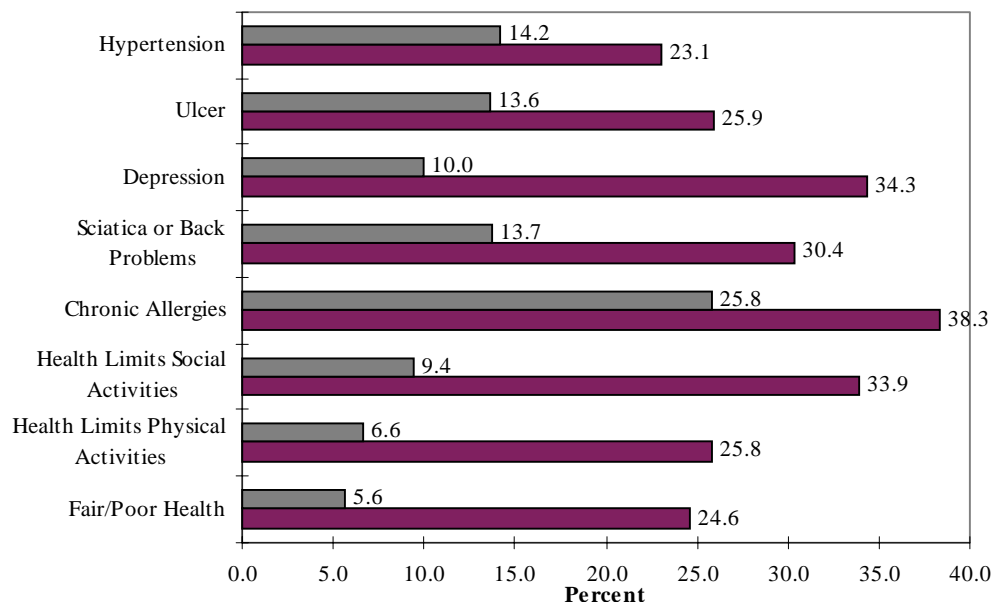
In general, health status is positively associated with consumer satisfaction with health care: healthier individuals tend to be more satisfied with their insurance coverage and the care they receive, although the direction of the causal relationship is not clear. Figure 4a shows that the average rating of all enrollees surveyed is significantly higher for those who perceive their health as “excellent”, “very good”, or “good” than for those who perceive their health as “poor” or “fair”.

Figure 4a: All things considered, how satisfied were enrollees with their health plans by enrollees' general health status Medicaid and Commercial combined.



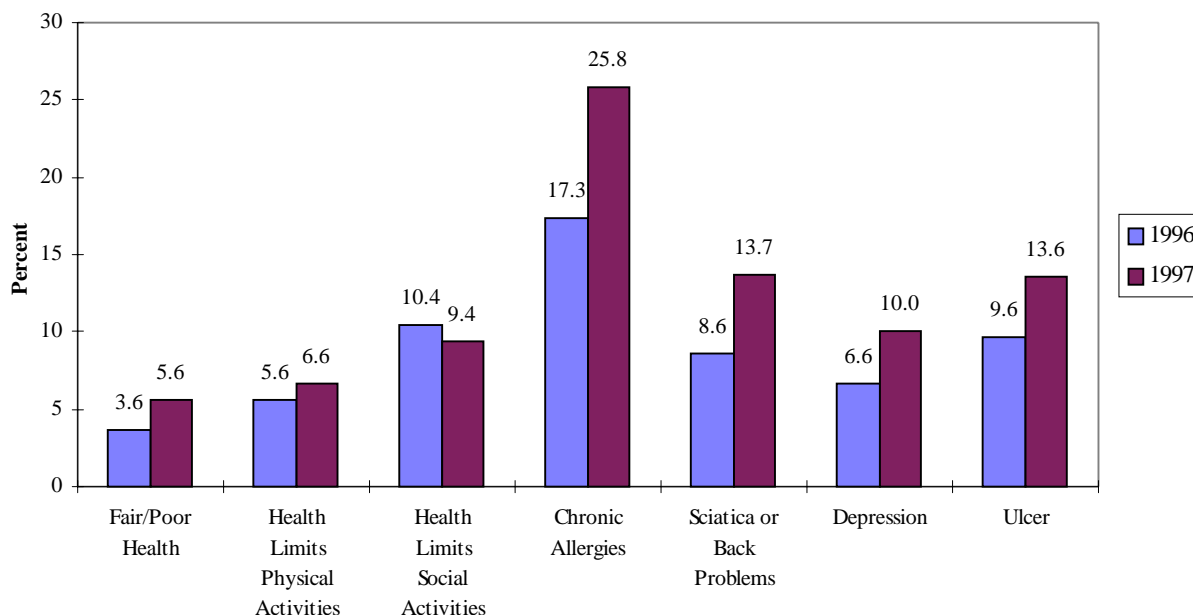
Medicaid beneficiaries are generally less healthy and more likely to have chronic conditions than the general population. Table 5 in the Appendix, and Figure 4b below show how different the two populations (Medicaid and commercial) are in various measures of physical and mental health. The differences show how much more challenging it is for the HMOs to take care of the medical needs of Medicaid beneficiaries than those of its commercial population. For all of the chronic condition questions asked (see Table 5), Medicaid enrollees reported higher incidence than commercial enrollees, the difference ranging from 2.8 to 24.3 percentage points. The most substantial differences between the two groups are for depression, arthritis or any kind of rheumatism, migraine, and sciatica or back problems. All the differences are statistically significant.

**Figure 4b: Measures of Health Status
Medicaid beneficiaries and commercially-insured HMO clients**



About 71.8% of commercial enrollees responded “very good” or “excellent”, while less than six percent answered “fair” or “poor” to questions on general health status. The corresponding percentages for the Medicaid enrollees are 44% for “very good” and “excellent” health status and 25% for “fair” and “poor” health. The results presented in this section show a less healthy population than those presented in the 1996 survey (Figure 4c).

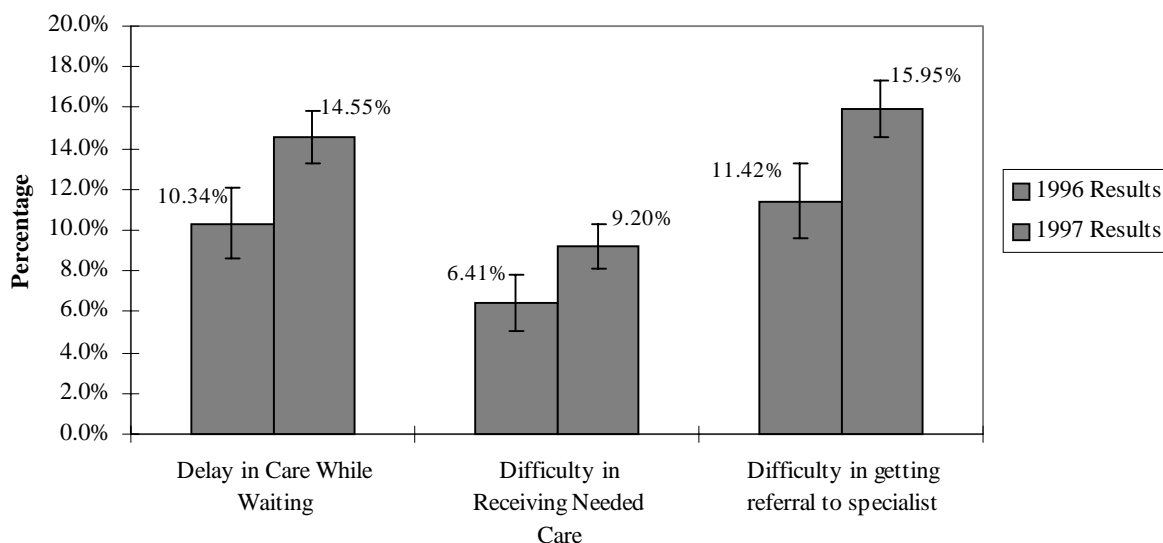
Figure 4c: 1996 and 1997 Comparison of Enrollee's Health Status -- Commercially-insured



IV. Health Plan Performance Measures

Enrollees were asked about their experiences with various aspects of their health plans: problems with access, filing complaints and receiving responses to them, getting medical care by phone, waiting time between appointments and actual visit, and waiting time in the provider's office.

**Figure 5: 1996 and 1997 Satisfaction Survey Results
Problem with Access to Care -- Commercially Insured**



Problems with Access

HMO plans serve as a gateway between patients and doctors. To measure how this gateway works, access to care issues are important to monitor, as they are one of the determinants of enrollees' satisfaction with their health plans. These access to care measures may serve as "bellweathers" of HMOs' responsiveness to their enrollees. Both Medicaid and commercial enrollees reported higher rates of dissatisfaction in this area than in other satisfaction measures.

As the proportion of enrollees' reporting problems in getting access to care increases, it is important to monitor these access to care issues. With the availability of statewide benchmarks, trends, and sub-population comparison analyses, health plans, purchasers, consumers, and policy makers would benefit from this information.

Compared to the 1996 results, both Medicaid beneficiaries and commercially-insured clients surveyed in 1997 reported a higher incidence of having experienced problems with access, including: 1) problems with delay in getting care while waiting for approval, 2) difficulty in receiving medical care their physician deemed necessary, and 3) difficulty in getting referral to specialists. The differences are statistically significant (Figure 5).

The survey results in 1997 show that about 16% of Medicaid and commercial HMO clients perceived having difficulty in getting referral to specialists, while approximately 14% to 15% of the two populations perceived having problems with delay in getting medical care while waiting for approval. About 10.8% of Medicaid enrollees perceived having experienced some difficulty in receiving medical care that their physician thought was necessary. This percentage is 1.6 percentage points higher than the corresponding percentage for the commercial enrollees.

Waiting Times

About 80% of the Medicaid enrollees and 86% of commercially insured enrollees interviewed reported having to wait an average of more than an hour for their providers to return their calls for medical information or advice. About 20% of Medicaid beneficiaries and 18% of commercial enrollees reported having to wait at least a full day, an increase from last year's survey results in both groups.

Waiting time at the doctor's office with an appointment for care:

39% of Medicaid enrollees, compared to 31% of commercial clients, reported waiting less than 15 minutes at the provider's office. Most Medicaid clients reported a waiting time of less than 30 minutes at the provider's office (Table 8a).

Waiting time between making an appointment and the actual visit:

More than half of Medicaid (56.4%) and commercial (52.5%) HMO enrollees reported that they could schedule a visit within seven days when they called the doctor's office for an appointment. However, 27% of the commercially-insured and 24% of Medicaid beneficiaries had to wait more than two weeks between making an appointment and the actual visit (Table 8b).

V. Overall Measures of Satisfaction

Overall Satisfaction, All Things Considered

About 39% of Medicaid enrollees reported being “completely satisfied” with their health plan; this is a decrease from last year’s 46% rate. 32% of the commercial enrollees reported being “completely” satisfied with their health plan, a slight increase from last year.

Although more than 70% of both Medicaid and commercial enrollees reported being “Very” or “Completely” satisfied with their health plan, Medicaid clients reported higher satisfaction levels (see Table 9, Appendix A).

Overall Quality of Health Care

Approximately one in three Medicaid enrollees rated their overall quality of medical care as “excellent”. One in five commercial enrollees reported the same rating (see Table 9, Appendix A).

Would Recommend Health Plan to Family or Friends

More than 60% of Medicaid enrollees would definitely recommend their current health plan to friends and family members, as compared to 45% of commercially-insured clients (see Table 9, Appendix A).

Figure 6: Percent of enrollees who reported being "completely satisfied" with their health plans

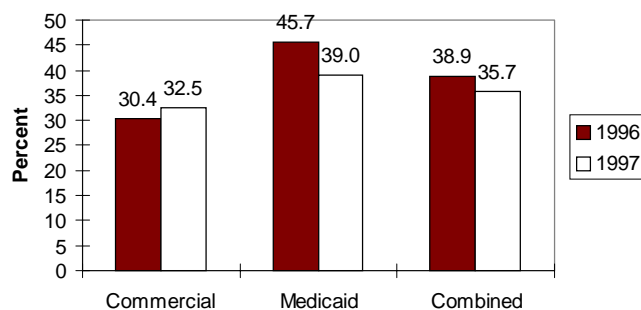


Figure 7: Percent of enrollees who rated the overall quality of medical care and services as "excellent".

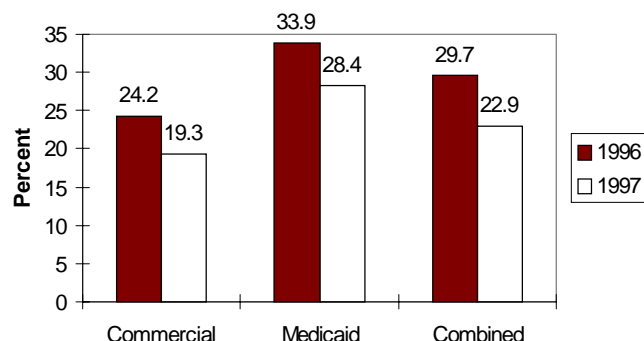
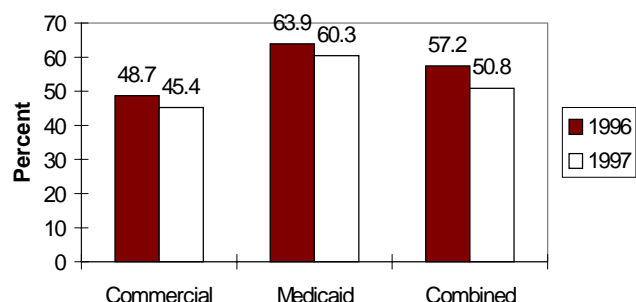


Figure 8: Percent of enrollees who reported they would "definitely" recommend health plans to friends and family



Intention to Switch Health Plans

Approximately 14% of Medicaid and commercially-insured clients intend to switch health plans the next time possible. These percentages exclude those who cited reasons that are not related to perceived problems with the HMO.

Change in Health Plan's Overall Performance

About 9% of commercial enrollees reported a decline in the overall performance of their health plan, as opposed to about 7% for the Medicaid enrollees. 20% of Medicaid clients reported their health plan got better during the last twelve months, whereas only 12.8% of commercially-insured clients reported an improvement in their health plan's performance. Moreover, 12.3% of Medicaid enrollees, compared to 4.5% of commercially-insured members, said their health plan had improved a great deal.

Figure 9: Percent of enrollees who reported intent to switch health plans due to HMO-related problems

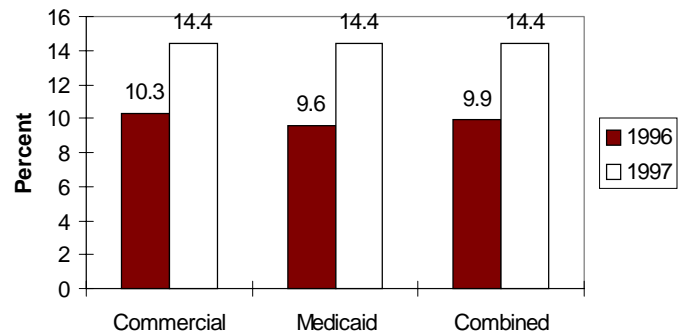
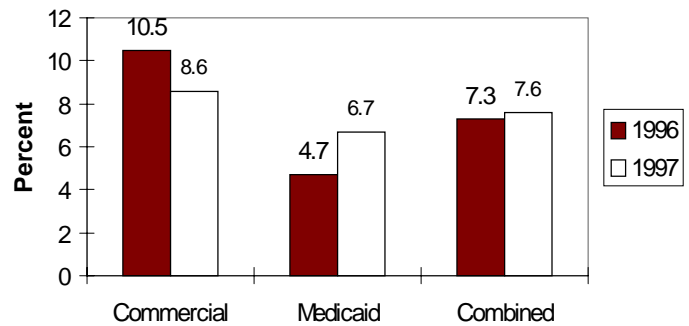


Figure 10: Percent of enrollees who reported "decrease" in overall performance of health plans



VI. Satisfaction with Domains of Care or Plan

The survey asked respondents to rate their health plans or care in 22 specific areas. Preliminary analyses indicate that enrollees tend to respond consistently to various groups of items, which suggests that the items could be combined into broader categories of aspects of plan or care rated. This has been achieved through a statistical procedure called factor analysis. The factor analysis resulted in the creation of five factors, which measure the enrollees' satisfaction in different "domains": (1) experiences with actual encounter with a health care provider, (2) health plan coverage, (3) appointments, (4) provider choice, and (5) physical access. Each factor is a composite score derived from all 22 satisfaction items weighted in terms of strength of relationship with the factor. The items that are most heavily weighted in the creation of each of the five composite scores are listed below.

Satisfaction with aspects of care associated with actual encounter with provider (quality of care)

- The attention to what enrollee has to say
- Amount of time with doctors or staff
- The outcomes of enrollee's medical care
- How well enrollee's needs are met
- How well different people and departments communicate
- Overall quality of care
- Thoroughness of exam and accuracy of diagnosis
- Thoroughness of explanations
- The friendliness of doctors and staff
- Advice about ways to avoid illness
- Sensitivity to cultural or religious background

Satisfaction with aspects of care associated with plan coverage

- The range of services covered by health plan
- Information about covered services
- Coverage for preventive care
- Availability of medical advice by phone

Satisfaction with aspects of care associated with appointments

- Ease of making an appointment
- Waiting time between setting appointment and visit

Satisfaction with aspects of care associated with provider choice

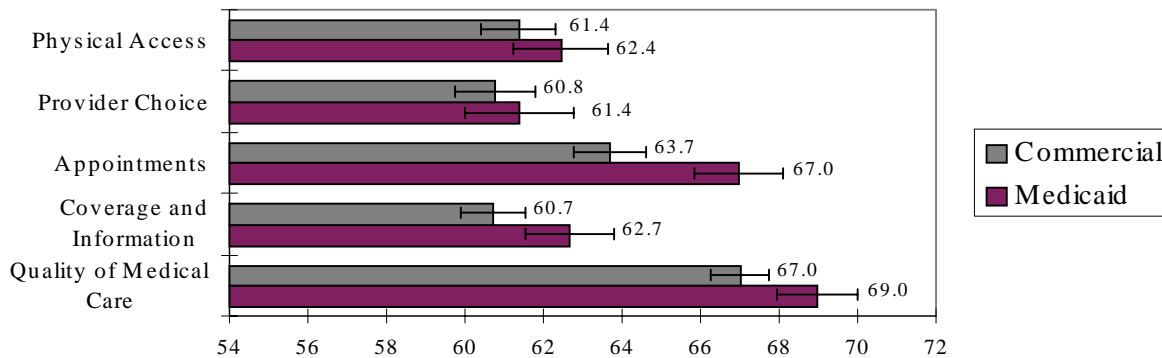
- The number of doctors to choose from
- The ease of choosing a personal physician

Satisfaction with aspects of care associated with physical access

- Convenience of the location of doctor
- Access to services - evenings and weekends

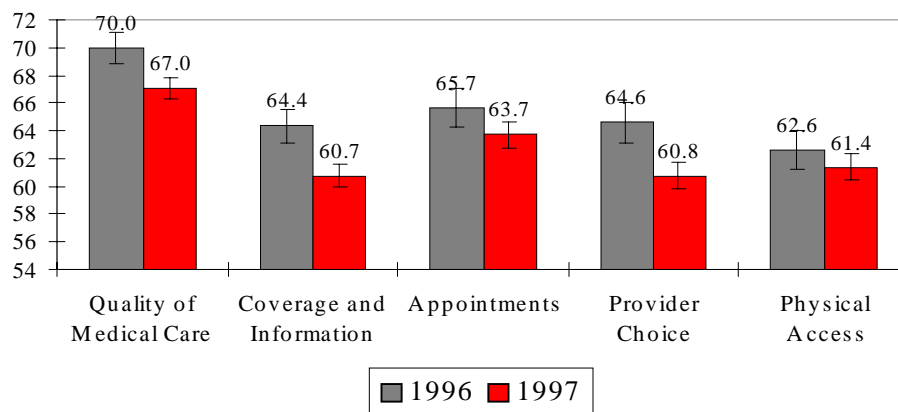
Figure 11 shows the average of the five composite scores for Medicaid and commercial enrollees. In general, both groups of enrollees, Medicaid and commercial, rated the quality of care received through their health plan higher than the other domains evaluated. Medicaid enrollees had a higher average composite score than did commercial enrollees. The difference between Medicaid and commercial enrollees in average composite scores for physical access and provider choice is not statistically significant. Comprehensive benefits and different levels of expectations may account for Medicaid clients' reporting higher satisfaction in three domains: Provider choice, Coverage and information, and Quality of medical care.

Figure 11a: Average Composite Score for Five Domains of Satisfaction, Medicaid Beneficiaries and Commercially-Insured HMO clients



*The error bars represent the 95% confidence intervals.

Figure 11b: 1996 and 1997 Comparison of Average Composite Score for Five Domains of Satisfaction, Commercially-Insured HMO Clients



*The error bars represent the 95% confidence interval.

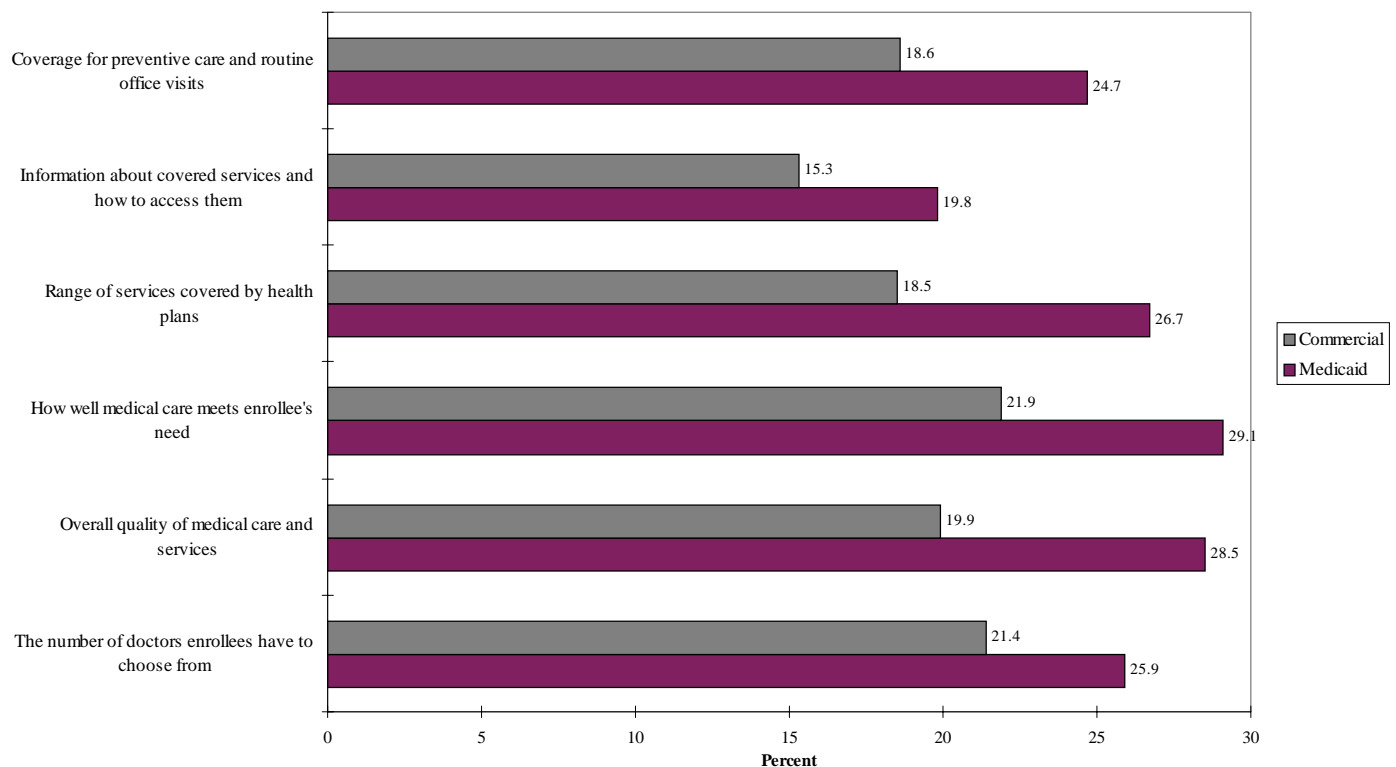
Figure 11b shows the comparison of 1996 and 1997 survey results of commercially-insured HMO clients. Overall, 1996 respondents reported a higher satisfaction composite score in all the domains evaluated. The differences between 1996 and 1997 in the average composite score for appointment and physical access are not statistically significant. The two-year comparison of the Medicaid population is not statistically significant.

VII. Satisfaction with Selected Aspects of Care or Plan

Of the 22 aspects of care or plan that the enrollees were asked to rate, six are shown here as representative measures to examine the differences between ratings by Medicaid and commercial enrollees. These six specific items were selected according to their correlation with the overall measures of satisfaction: overall satisfaction with plan when all things are considered, intention to switch, and likelihood of recommending to family or friends. The six satisfaction items include 1) coverage for preventive care and routine office visits, 2) information about covered services and how to access them, 3) range of services covered by health plans, 4) how well medical care meets enrollee's needs, 5) overall quality of medical care and services, and 6) number of doctors enrollees have to choose from.

Figure 12, below, shows that a significantly greater proportion of Medicaid enrollees rated each of the seven specific item as "excellent" compared to the commercial enrollees, the differences ranging from about five to nine percentage points. For both groups of enrollees, "How well medical care meets enrollees' needs" received the greatest proportion of "excellent" ratings among the six items. Among the six items, "Information about covered services and how to access them" received the smallest proportion of "excellent" ratings for both groups - 19.8% of Medicaid enrollees and 15.3% of commercial enrollees.

Figure 12: Percent of Enrollees Rating Aspect of Care or Plan as "Excellent" Medicaid Beneficiaries and Commercially-Insured HMO Clients



Appendix A

Summary Tables

Table 1

Socio-Demographic Characteristics of Medicaid and Commercial Enrollees in the 1997 Survey of Enrollees in Utah's Medicaid-Contracted HMOs*

Respondent Characteristics		Commercial	Medicaid
Female		56.8%	92.9%**
Average Age (Years)		37	39
Education			
	Did Not Finish High School	4.8%	29.2%
	High School Graduate	29.0%	32.1%
	Some College, 2-Year Associate Degrees or Other Education or Training After HS	40.6%	31.1%
	College Graduate or Higher	25.6%	7.6%
Family Income			
	\$0 - \$15,000	2.5%	78.6%
	\$15,000 - \$24,999	13.7%	16.8%
	\$25,000 - \$34,999	18.4%	3.0%
	\$35,000 - \$44,999	20.0%	0.8%
	\$45,000 or Higher	45.5%	0.8%
Hispanic		5.7%	14.7%
Non-White		8.6%	17.7%
Marital Status			
	Married/Couple	71.5%	20.8%
	Divorce/Separate/Widow	8.0%	55.6%
	Never Married	20.4%	23.5%

*All characteristics had statistically significant differences between Medicaid and Commercial enrollees (P<0.01)

** After excluding children responses w/adult proxies, the Medicaid survey respondents are primarily comprised of adult AFDC (Aid to Family with Dependent Children) beneficiaries. In the Medicaid enrollee universe female adult members represent almost 90% of the total AFDC adult enrollees.

Table 2**Length of Enrollment in Current HMO, 1997 Utah Survey of Medicaid and Commercial Enrollees in Utah's Medicaid-Contracted HMOs**

Age of Member	Months/Years Enrolled	Commercial	Medicaid
18-24	6-12 Months		28.0%
	1 year to < 2 years	30.6%	25.8%
	2 to <5 years	51.7%	38.6%
	5 Years +	17.7%	7.6%
25-34	6-12 Months		14.9%
	1 year to < 2 years	26.0%	20.2%
	2 to <5 years	56.7%	38.9%
	5 Years +	17.3%	26.0%
35-44	6-12 Months		15.2%
	1 year to < 2 years	17.2%	16.7%
	2 to <5 years	57.7%	40.3%
	5 Years +	25.1%	27.9%
45-54	6-12 Months		8.8%
	1 year to < 2 years	17.7%	23.3%
	2 to <5 years	48.5%	37.7%
	5 Years +	33.8%	30.2%
55+	6-12 Months		4.1%
	1 year to < 2 years	14.0%	14.8%
	2 to <5 years	41.6%	34.1%
	5 Years +	44.4%	47.0%

Table 3**Number of Visits to HC Provider During the Past 12 Months, 1997 Utah Survey of Medicaid and Commercial Enrollees in Utah's Medicaid-Contracted HMOs**

Age of Member	Number of visits to HC Provider	Commercial	Medicaid
18-24	None	18.9%	6.4%
	1-4	56.8%	31.3%
	5-9	14.0%	22.5%
	10+	10.3%	39.8%
25-34	None	12.2%	7.8%
	1-4	52.9%	37.7%
	5-9	17.6%	24.6%
	10+	17.2%	29.9%
35-44	None	13.7%	4.5%
	1-4	49.7%	37.0%
	5-9	19.6%	24.5%
	10+	17.0%	34.0%
45-54	None	10.5%	7.9%
	1-4	50.0%	32.3%
	5-9	22.9%	28.0%
	10+	16.6%	31.7%
55+	None	12.2%	9.7%
	1-4	54.7%	36.1%
	5-9	17.1%	21.9%
	10+	16.0%	32.3%

Table 4**Number of Hospitalizations During the Past 12 Months, 1997 Utah Survey of Medicaid and Commercial Enrollees in Utah's Medicaid-Contracted HMOs**

Age of Member	Number of Hospitalizations	Commercial	Medicaid
18-24	None	88.0%	47.2%
	1-4	12.0%	47.9%
	5+	0.0%	4.8%
25-34	None	78.2%	62.8%
	1-4	20.4%	34.2%
	5+	1.4%	3.0%
35-44	None	79.6%	70.0%
	1-4	18.0%	26.3%
	5+	2.4%	3.7%
45-54	None	85.1%	76.8%
	1-4	13.5%	21.2%
	5+	1.4%	2.0%
55+	None	79.4%	64.3%
	1-4	16.7%	24.3%
	5+	4.0%	11.3%

Table 5

Health Status of Medicaid and Commercial Enrollees, 1997 Utah Survey of Medicaid and Commercial Enrollees in Utah's Medicaid-Contracted HMOs

Health Status Measures	Commercial	Medicaid
General Health Status		
Excellent	30.5%	14.1%
Very Good	41.3%	30.2%
Good	22.5%	31.1%
Fair	4.6%	16.8%
Poor	1.0%	7.8%
Moderate Physical Activities Limited by Health Problems		
Limited A Lot	2.6%	14.7%
Limited a Little	4.0%	11.1%
Not Limited At All	92.9%	71.9%
Do Not Know	0.4%	2.2%
Physical/Mental Health Problems Interfered with Social Activities, During the Past 4 Weeks		
All of the Time	0.7%	6.2%
Most of the Time	2.0%	9.2%
Some of the Time	6.7%	18.5%
A Little of the Time	14.6%	19.6%
None of the Time	75.9%	46.5%
Chronic Conditions:		
- Hypertension (High Blood Pressure)	14.2%	23.1%
- Heart Disease (i.e., Angina and Heart Failure)	2.2%	8.9%
- Diabetes (High Blood Sugar)	5.0%	12.1%
- Cancer (Except Skin Cancer)	2.1%	7.9%
- Migraine (Headaches)	10.9%	27.7%
- Chronic Allergies or Sinus Troubles	25.8%	38.3%
- Arthritis or Any Kind of Rheumatism	15.0%	31.9%
- Sciatica or Chronic Back Problems	13.7%	30.4%
- Trouble Seeing with One or Both Eyes, Even When Wearing Glasses	8.2%	21.6%
- Chronic Lung Disease (i.e., Bronchitis, Asthma, or Emphysema)	5.7%	18.3%
- Dermatitis or Other Chronic Skin Conditions	5.6%	8.4%
- Depression	10.0%	34.3%
- Ulcers in the Stomach or Duodenum, or Heartburn	13.6%	25.9%
- Limitation in the Use of and Arm or Leg (Include Missing, Paralyzed, or Weakness)	7.1%	17.7%
Cigarette Smoking Habit:		
Percent of enrollees ever smoked at least 100 cigarettes in life time	26.0%	55.3%
Percent of cigarette smokers who still smoke every day	40.6%	54.8%
Percent of cigarette smoker who quite smoking	12.2%	17.2%

*All Characteristics have a statistically significant difference between medicaid and Commercial enrollees (P<0.01)

Table 6

**Percent of Enrollees who Perceived Having Experienced Problems with
Access to Care, 1997 Utah Survey of Medicaid and Commercial Enrollees in Utah's Med-
icaid-Contracted HMOs**

	Medicaid	Commercial	Comb
Problem with Delay in Care While Waiting for Approval	14.3%	14.6%	14.4%
Difficulty in Receiving Medical Care the Doctor Consider Necessary	10.8%	9.2%	9.8%
Difficulty in Getting Referral to Specialist	15.9%	16.0%	16.0%

Table 7

**Length of Time for Physician to Return Call for Medical Information or Advice, 1997
Utah Survey of Medicaid and Commercial Enrollees in Utah's Medicaid-Contracted
HMOs**

Time Waited	Commercial	Medicaid
Less than 1 hour	14.3%	21.0%
1 hour but less than 4 hours	39.0%	37.7%
4 hours but less than 7 hours	17.0%	12.5%
7 hours but less than 24 hours	11.8%	9.1%
24 hours or more	17.9%	19.6%

Table 8a

Waiting Time at Office with an Appointment for Care, 1997 Utah Survey of Medicaid and Commercial Enrollees in Utah's Medicaid-Contracted HMOs

Time Waited	Commercial	Medicaid
Less than 10 minutes	6.4%	11.0%
10 - 15 minutes	24.4%	27.8%
16 - 30 minutes	34.7%	34.6%
31 - 45 minutes	14.9%	10.8%
46 minutes - 1 hour	13.2%	9.6%
1 to 2 hours	5.1%	5.3%
2 hours or more	1.3%	0.8%

Table 8b

Waiting Time Between Making Appointments and Office Visits, 1997 Utah Survey of Medicaid and Commercial Enrollees in Utah's Medicaid-Contracted HMOs

Time Waited	Commercial	Medicaid
SAME DAY	5.4%	6.5%
1-3 DAYS	24.0%	22.9%
4-7 DAYS	23.1%	27.0%
8-14 DAYS	20.4%	19.2%
15-30 DAYS	18.1%	17.5%
31-60 DAYS	6.8%	4.7%
61 DAYS	2.3%	2.2%

Table 9

Distribution of Responses to Overall Measures of Performance, 1997 Utah Survey of Medicaid and Commercial Enrollees in Utah's Medicaid-Contracted HMOs

	Commercial		Medicaid	
	#	%	#	%
All things considered, are you satisfied or dissatisfied with your HMO?				
Completely Dissatisfied	20	0.8%	20	1.2%
Very Dissatisfied	70	2.9%	32	1.9%
Somewhat Dissatisfied	107	4.5%	52	3.2%
Neither Satisfied Nor Dissatisfied	21	0.9%	18	1.1%
Somewhat Satisfied	419	17.4%	255	15.6%
Very Satisfied	988	41.1%	602	37.0%
Completely Satisfied	781	32.5%	650	39.0%
Would you recommend your HMO to friends and family members?				
Definitely Not	114	4.8%	71	4.4%
Probably Not	212	8.9%	110	6.9%
Probably Yes	972	40.9%	453	28.4%
Definitely Yes	1080	45.4%	962	60.3%
Do you intend to switch to a different HMO at the next opportunity possible?				
No	1769	82.7%	1088	68.1%
Yes, not HMO-related	63	2.9%	258	17.5%
Yes, HMO-related	307	14.4%	213	14.4%
Did you HMO's overall performance get better, stay the same, or get worse?				
Much Worse	51	2.1%	25	1.5%
Somewhat Worse	155	6.5%	85	5.2%
Stayed the Same	1883	78.6%	1190	73.0%
Somewhat Better	199	8.3%	130	8.0%
Much Better	108	4.5%	200	12.3%

Table 10

Top Five Aspects of Plan or Care Affecting Overall Satisfaction of Consumers, When All Things Being Considered

Rank	Satisfaction Items	Correlation Coefficients
Medicaid		
1	Number of Doctors Enrollees Have to Choose from	0.5148
2	Overall Quality of Medical Care and Services	0.5082
3	How Well the Medical Care Meets Enrollees' Needs	0.5030
4	Range of Services Covered by Health Plans	0.4821
5	Information about Covered Services and How to Access Them	0.4639
Commercial		
1	Overall Quality of Medical Care and Services	0.5112
2	Range of Services Covered by Health Plans	0.5052
3	How Well the Medical Care Meets Enrollees' Needs	0.4931
4	Information about Covered Services and How to Access Them	0.4548
5	Coverage for Preventive Care and Routine Office Visits	0.4526
Overall		
1	Overall Quality of Medical Care and Services	0.5108
2	How Well Medical Care Meets Enrollees' Needs	0.4975
3	Range of Services Covered by Health Plans	0.4966
4	Number of Doctors Enrollees Have to Choose from	0.4818
5	Information about Covered Services and How to Access Them	0.4582

Table 11**Top Five Aspects of Plan or Care Affecting Enrollees' Intention to Switch Their Health Plan**

Rank	Satisfaction Items	Correlation Coefficients
<hr/>		
	Medicaid	
1	The number of doctors enrollees have to choose from	0.3720
2	The ease of choosing personal physicians	0.3474
3	The overall quality of care and services	0.3358
4	Information about covered services and how to access them	0.3266
5	The range of services covered by health plans	0.3240
	Commercial	
1	The range of services covered by health plans	0.3625
2	The number of doctors enrollees have to choose from	0.3386
3	The overall quality of care and services	0.3193
4	The ease of choosing personal physicians	0.3167
5	How well medical care meets enrollee's need	0.3164
	Combined	
1	The number of doctors you have to choose from	0.3568
2	The range of services covered by health plans	0.3411
3	The ease of choosing a personal physician	0.3348
4	The overall quality of care and services	0.3261
5	Information about covered services and how to access them	0.3162
<hr/>		

Table 12**Top Five Aspects of Plan or Care Affecting Enrollees' Willingness to Recommend Their Health Plans to Friends and/or Family Members**

Rank	Satisfaction Items	Correlation Coefficients
Medicaid		
1	The overall quality of care and services	0.4798
2	The number of doctors enrollees have to choose from	0.4655
3	How well medical care meets enrollee's need	0.4473
4	The range of services covered by health plans	0.4323
5	Outcomes of enrollee's medical care	0.4206
Commercial		
1	The range of services covered by health plan	0.5096
2	The overall quality of care and services	0.4995
3	The number of doctors enrollees have to choose from	0.4684
4	How well medical care meets enrollee's need	0.4644
5	The ease of choosing personal physician	0.443
5	Information about covered services and how to access them	0.443
Combined		
1	The overall quality of care and services	0.4921
2	The range of services covered by health plans	0.4755
3	The number of doctors enrollees have to choose from	0.4654
4	How well medical care meets enrollee's need	0.455
5	Information about covered services and how to access them	0.4287

Table 13

Average of Composite Score of Five Domains of Satisfaction, Medicaid and commercial enrollees

	Commercial	Medicaid	Total
Quality of Medical Care	67.01	68.97	67.79
Coverage and Information	60.73	62.66	61.50
Appointments	63.71	66.98	65.00
Provider Choices	60.77	61.37	61.00
Physical Access	61.37	62.44	61.73

Table 14

Enrollee Satisfaction with Specific Aspects of Health Plan or Medicaid Care: Medicaid and Commercial Enrollees*

		% Rating				
	Enrollees	Poor	Fair	Good	Vry Gd	Excellent
Q6A Ease of making an appointment for medical care						
Commercial	2383	3.4%	8.1%	25.9%	35.9%	26.7%
Medicaid	1624	2.5%	8.7%	26.2%	31.5%	31.0%
Q6B Waiting time between making appointment and day of visit						
Commercial	2392	4.8%	12.8%	34.9%	30.0%	17.6%
Medicaid	1631	4.2%	11.3%	30.8%	30.0%	23.7%
Q6C The thoroughness of treatment						
Commercial	2413	1.9%	5.5%	29.7%	35.3%	27.6%
Medicaid	1650	2.2%	9.6%	28.2%	27.7%	32.2%
Q6D The attention given to what [enrollee] have to say						
Commercial	2412	2.0%	6.1%	27.7%	34.7%	29.6%
Medicaid	1643	2.8%	9.6%	27.4%	28.8%	31.3%
Q6E The number of doctors you have to choose from						
Commercial	2334	6.6%	12.3%	31.0%	28.8%	21.4%
Medicaid	1545	8.1%	12.4%	27.9%	25.7%	25.9%
Q6F The ease of choosing a personal physician						
Commercial	2334	5.8%	11.8%	34.2%	27.2%	21.0%
Medicaid	1567	7.8%	14.2%	28.7%	23.2%	26.1%
Q6G Amount of time with doctors and staff during a visit						
Commercial	2410	2.6%	9.8%	38.5%	30.5%	18.7%
Medicaid	1648	2.8%	11.5%	33.4%	28.1%	24.3%
Q6H The outcomes of [enrollee's] medical care ...						
Commercial	2401	2.0%	6.5%	31.2%	36.4%	24.0%
Medicaid	1642	2.4%	8.0%	27.4%	31.1%	31.1%
Q6I How well [enrollee's] meets [] needs						
Commercial	2412	2.3%	7.5%	31.3%	37.0%	21.8%
Medicaid	1643	2.8%	9.4%	27.0%	31.6%	29.2%

Continued....

	Enrollees	Poor	Fair	Good	Vry Gd	Excellent
<hr/>						
Q6J How well diff people and deprt communicate ..						
Commercial	2320	5.6%	12.6%	40.0%	27.1%	14.7%
Medicaid	1617	5.1%	14.5%	31.1%	28.8%	20.5%
Q6K The overall quality of care and services						
Commercial	2416	1.4%	7.8%	31.6%	39.3%	19.9%
Medicaid	1656	1.7%	7.6%	30.5%	31.6%	28.6%
Q7A The range of services covered by health plan						
Commercial	2378	2.9%	10.8%	33.3%	34.4%	18.5%
Medicaid	1627	4.9%	9.2%	30.1%	29.1%	26.7%
Q7B Information about covered services and how to access them						
Commercial	2366	4.9%	14.5%	36.9%	28.6%	15.3%
Medicaid	1603	7.4%	12.1%	32.4%	28.3%	19.8%
Q7C Coverage for preventive care and routine office visits						
Commercial	2376	1.9%	8.0%	37.1%	34.3%	18.6%
Medicaid	1616	2.4%	8.4%	35.6%	29.0%	24.7%
Q7D Availability of medical info or advice by phone						
Commercial	2160	5.6%	13.8%	39.4%	27.0%	14.0%
Medicaid	1563	6.5%	12.5%	33.4%	27.6%	20.0%
Q7E Cnvenience of the location of doctor's office						
Commercial	2418	2.7%	7.9%	27.6%	30.9%	30.9%
Medicaid	1648	3.2%	7.5%	29.6%	29.2%	30.6%
Q7F Access to services during evenings, nights, and weekends						
Commercial	2122	9.5%	18.2%	34.7%	24.6%	13.1%
Medicaid	1486	9.7%	17.5%	29.4%	24.5%	18.9%
Q7G Thoroughness of examinations and accuracy of diagnoses						
Commercial	2400	2.2%	7.3%	36.3%	36.9%	17.5%
Medicaid	1643	2.9%	8.2%	32.0%	30.0%	26.8%
Q7H Thoroughness of explanations						
Commercial	2410	2.2%	7.4%	29.8%	37.8%	22.8%
Medicaid	1648	2.3%	7.8%	27.4%	31.4%	31.0%
<hr/>						

Continued...

	Enrollees	Poor	Fair	Good	Vry Gd	Excellent
<hr/>						
Q7I The friendliness and courtesy .. by doctor and staff						
Commercial	2423	0.8%	3.3%	24.5%	36.4%	35.0%
Medicaid	1648	0.8%	5.6%	20.1%	29.1%	44.3%
Q7J Advice about ways to avoid illness and stay healthy						
Commercial	2326	3.4%	12.9%	35.8%	31.4%	16.1%
Medicaid	1606	3.7%	10.5%	30.6%	27.7%	27.5%
Q7K Sensitivity ... to cultural or religious background						
Commercial	2204	0.3%	4.1%	30.8%	34.9%	29.9%
Medicaid	1513	1.6%	6.7%	30.2%	27.4%	34.2%

* Note: Percent rating is based on responses from enrollees who have at least been through one health care visit or hospitalization.

Appendix B

About the Survey

Utah HMO Enrollee Satisfaction Survey

About the Survey

The results in this report are derived from the 1996 and 1997 HMO Enrollee Satisfaction Survey. These surveys were funded and administered by the Office of Health Data Analysis in partnership with the Bureau of Managed Care, Division of Health Care Financing.

The surveys were conducted by Datastat - an independent survey agency in Ann Arbor, Michigan during June and July of both 1996 and 1997.

Participating HMOs

We would like to thank the following HMOs for their participation on the survey:

- Blue Cross & Blue Shield of Utah
- Cigna HealthCare of Utah
- Deseret Mutual Benefit Administration (DMBA)*
- IHC - IHC Care
- IHC - SelectMed
- Intergroup of Utah
- PacifiCare
- United Healthcare of Utah
- Blue Cross & Blue Shield of Utah - MedUtah (Medicaid)
- IHC - IHC Access (Medicaid)
- PacifiCare (Medicaid)
- PacifiCare - Pacificare Select (Medicaid)
- United MedChoice (Medicaid)

* DMBA participated in the survey but the results are not shown here.

Survey Instrument

The survey instrument adopted for the satisfaction survey was the annual member survey developed by NCQA and modified by the Utah Department of Health HMO Survey Advisory Committee. The survey instrument contained the following items relating to the performance and quality of the health plan or care:

1. Satisfaction ratings on specific aspects of medical care or health plan:

1.1 Specific aspects of health services related to actual encounter with providers:

- The thoroughness of treatment
- The attention to what enrollee has to say
- Amount of time with doctors or staff

- The outcomes of enrollee's medical care
- How well enrollee's needs are met
- How well different people and departments communicate
- Overall quality of care
- Thoroughness of exam and accuracy of diagnosis
- Thoroughness of explanations
- The friendliness of doctors and staff
- Advice about ways to avoid illness
- Sensitivity to cultural or religious background

1.2 Specific aspects of health care and services associated with plan coverage and information available to enrollees:

- The range of services covered by health plan
- Information about covered services
- Coverage for preventive care
- Availability of medical advice by phone

1.3 Specific aspects of health care and services associated with appointments:

- Ease of making an appointment
- Waiting time between setting appointment and visit

1.4 Specific aspects of health care and services associated with provider choice:

- The number of doctors to choose from
- The ease of choosing a personal physician

1.5 Specific aspects of health care and services associated with physical access:

- Convenience of the location of doctor
- Access to services - evenings and weekends

2. Overall measures of satisfaction and perceived health plan quality and performance

- Overall satisfaction with health plan, all things considered
- Intention to switch
- Would recommend to family or friends
- Change in overall performance

3. Perceived problems with access to care

- Delays in getting medical care while waiting for approval
- Not getting medical care that doctor believes is necessary
- Difficulty in getting referral to specialist desired

4. Other experiences that reflect health plan performance

- Making appointments
- Waiting time between appointment and actual visit
- Waiting time in the provider's office
- Having called or written with complaints
- Resolution of complaints

In addition, the survey also collected information on the enrollees' health status, socio-demographic characteristics, health care utilization and length of enrollment with the health plan.

Survey Implementation

An independent survey agency (DataStat) was contracted to conduct the survey. The survey was conducted by telephone from DataStat's central location CATI facility in Ann Arbor, Michigan. Interviews were conducted during the evenings and/or on weekends, between August and December 1997.

To ensure that privacy of enrollees and confidentiality of data are protected, a memorandum of agreement was signed by the Office of Health Data Analysis, DataStat, and each of the health plans. In addition, for confidentiality reasons, unique individual respondent-identifying information was not provided on the deliverables, unless specific notification of data distribution and accurate assurances of confidentiality were given to the respondent at the time of the interview.

The Sample

The sampling design called for apportioning the interviews as follows: 400 Commercial enrollees per plan, 400 adult enrollees in Medicaid per plan (only 200 for FHP-Select), and 200 children enrolled in Medicaid per plan, for a total of 2,724 Medicaid clients and 2,802 commercially-insured enrollees overall. This sample allocation provides enough analytic power to draw conclusions about each health plan's Commercial and Medicaid enrollees alone. Combining Medicaid enrollees across plans provides enough analytic power to draw conclusions about Medicaid enrollees in managed care across the Wasatch Front. Further, by recombining the Medicaid enrollees into the health plans, using proportional weighting for each plan, we can also examine health plan satisfaction across the total health plan population (both Medicaid and commercial).

NUMBER OF ADULTS INTERVIEWED:

Medicaid-Contracted HMOs	No. of Interviews	Commercial HMOs	No. of Interviews
BC/BS - MedUtah	408	CIGNA	405
IHC Access	401	BC/BS - HealthWise	403
PacifiCare (including		IHC Care	401
PacifiCare-Select)	602	IHC SelectMed	400
United MedChoice	400	Intergroup	401
		PacifiCare	409
		United	402

NUMBER OF CHILD INTERVIEWS WITH ADULT PROXIES (Results presented in a separate report)

Medicaid-Contracted HMOs	Number of Interviews
BC/BS - MedUtah	201
IHC Access	211
PacifiCare (including PacifiCare Select)	300
United MedChoice	201

Sample Disposition Rates

Contact rates - number of adult enrollees located per 100 phone numbers attempted - ranged from 67% to 84% across the strata (HMO, Medicaid/commercial). The overall contact rate was 72%. For child interviews through adult proxies, the contact rates ranged from 73% to 77% , or 74% overall.

Response rates - the number of adult enrollees who completed the interview, per 100 enrollees determined to be eligible for the survey, ranged between 47% and 73%, or 63% overall. The number of child completed interviews through adult proxies per 100 enrollees determined to be eligible for the survey ranged from 80% to 88%, or 83% overall. Among Medicaid populations, the contact rate is usually low due to the mobility of the population and the lower proportion of household phones (many Medicaid enrollees give a neighbor's, relative's or local establishment's phone number for use in case of emergency).

Respondent

Enrollee records, as distinct from subscriber records, list multiple people per household. In a telephone survey, it is very difficult to contact a household for multiple respondents. Therefore, one person was randomly selected from among multiple people in a household. The person named in the sample, or the adult most familiar with their health care if they were younger than 16 years old (unless someone younger than 16 was a parent), was the named respondent we asked to interview.

Each health plan sample record represented a Utah enrollee who has had some experience with their health plan, either as a regular member of the health plan, or as a Medicaid enrollee, as appropriate. Once a household was reached, DataStat asked for the named respondent from the sample. DataStat asked for the adult most familiar with their health care if the named person in the sample was younger than 16 years old. In a few cases, DataStat interviewed such an "adult most familiar with their health care" who was himself or herself under 16 years old.

Weights and Adjustment Factors

To compensate for the disproportionate sampling, weights were calculated to adjust the sample sizes to reflect the relative shares of the HMOs of the managed care market in Utah as of May, 1997. The number of enrollees who completed the interview was compared to the number of enrollees in the sampling universe in terms of sex and age (the only available information). Sampling for Medicaid enrollees was stratified by age. Children younger than 18 years who were enrolled in Medicaid were surveyed separately from adult enrollees. There was some evidence of selectivity by age in that adult enrollees in Medicaid who completed the interviews were younger than those in the sampling universe, while commercially-insured adults who completed the interviews were older than those in the sampling universe. The difference in age distribution between completed interviews and the sampling universe was far more evident among the Medicaid enrollees. Based on these results, an adjustment factor was calculated to adjust HMO samples to reflect the enrollee population's age distribution, in addition to the sampling weight which compensates for disproportionate sampling.

Appendix C

Survey Instrument

Hello, this is [Name of interviewer] . Is this [Telephone number]?

May I please speak with [name of subscriber or person named in the sample]?

{INTERVIEWER IF NECESSARY READ: I'm calling for Utah Medicaid/Department of Health to ask for your/_____'s opinions about [name of HMO/health plan].

{INTERVIEWER IF NECESSARY: Are you [name of subscriber]?

INTRODUCTION ABOUT THE SURVEY:

{INTERVIEWER: SKIP IF YOU HAVE ALREADY READ THIS TO THE RESPONDENT: I'm calling for Utah Medicaid/Department of Health to ask for your opinions about [name of HMO/health plan].

You were/_____ was randomly selected to be interviewed, along with other [Medicaid/HMO] enrollees. I'm with DataStat, an outside organization hired to do the survey and keep it objective. Your answers are completely confidential. Survey results will be used to improve [name of health plan]'s medical care and customer service.

Your participation is voluntary. I'd like to ask you some questions, If I may?

Health Plan Enrollment Information

The following items ask about your health plan.

1. Our records indicate that you are covered by [Name of HMO]. Is this true?
☐ Yes
☐ No (***Replace sample***)
2. How long have you been covered by [Name of HMO]? (***Please mark just one box.***)

[Rewrite for Medicaid to exclude times not eligible?]

- ☐ Less than 6 months
- ☐ At least 6 months, but less than 1 year
- ☐ At least 1 year, but less than 2 years
- ☐ At least 2 years, but less than 5 years
- ☐ 5 years or more

INTERVIEWER: IN ALL QUESTIONS THAT FOLLOW, ALL OCCURRENCES OF "YOU" OR "YOUR" REFER TO THE SAMPLED ENROLLEE. REPLACE IT WITH THE ENROLLEE'S NAME IF RESPONDENT IS NOT THE ENROLLEE AND REPHRASE QUESTIONS ACCORDINGLY.

Please answer these questions for the length of time you have been covered by your current health plan. Answer questions with only your current plan in mind.

Health Services

This set of questions asks about health services YOU have received, such as overnight hospital care or care from your physician and other health care professionals, such as a nurse practitioner, midwife, physician's assistant or registered nurse.

3. Please estimate the total number of visits YOU have had for the following health care services in the past 12 months. *(Please mark one on each line.)*

[How will carved-out Medicaid mental health services be handled here? They are separate prepaid plans for 90% of Utah Medicaid population]

- | | None | 1-4 | 5-9 | 10+ |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Visits to a doctor or other health care professional for any illness, injury, or preventive care to help you stay well | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Overnight or longer hospital stays
(Count each entire stay as 1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

INTERVIEWER: IF "None" on both items 3-a and 3-b, SKIP questions 4 and 5

4. Were any of these services (referred to in item #3) NOT received through your health plan? *(Please mark one on each line.)*

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Visits to a doctor or other health care professional for any illness, injury, or preventive care to help you stay well | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Overnight or longer hospital stays | <input type="checkbox"/> | <input type="checkbox"/> |

INTERVIEWER: IF "No" on both items 4-a and 4-b, SKIP question 5

5. If you did not receive services through your health plan, please tell us why. *(Mark all that apply.)*

- ☐ Covered under separate Medicaid Mental Health Plan [**Medicaid only**]
- ☐ Cost was less outside my health plan [**Non-Medicaid only**]
- ☐ Service or care was not available through my health plan.
- ☐ I preferred another doctor or wanted a second opinion.
- ☐ My health plan did not approve care.
- ☐ Physical problems made it difficult for me to get to the office or clinic.
- ☐ I did not understand the HMO guidelines.
- ☐ Other (Specify) _____

Health Care and Plan

Thinking about YOUR/____'s OWN health care and the services you receive/he or she receives from your health care plan, how would you rate the following?

6. HEALTH CARE (*Mark one box on each line.*)

		Very				
		Excellent	Good	Good	Fair	Poor
a.	Ease of making appointment for medical care by phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Length of time you wait between making an appointment for routine care and the day of your visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Thoroughness of treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Attention given to what you have to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Number of doctors you have to choose from	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Ease of choosing a personal physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Amount of time you have with doctors and staff during a visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	The outcomes of your medical care, how much you are helped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.	How well your care meets your needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	How well different people and departments communicate with you and with each other about your care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	Overall quality of care and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. PLAN ADMINISTRATION (*Mark one box on each line.*)

[illegible]

- j. Advice you get about ways to avoid illness and stay healthy ☐ ☐ ☐ ☐ ☐
- k. The sensitivity of your doctor or healthcare provider to your cultural/religious background. ☐ ☐ ☐ ☐ ☐

===== FOR NON-MEDICAID ONLY =====

- l. Availability of information from your doctor or plan about costs of care ☐ ☐ ☐ ☐ ☐
- m. The part of the premium YOU pay for covered services ☐ ☐ ☐ ☐ ☐
- n. Amount YOU pay out-of-pocket (for example: co-payments, deductibles, payments for services not covered) ☐ ☐ ☐ ☐ ☐

8. MANAGEMENT OF CARE (*Mark one box on each line.*)

	Yes, A Big Problem	Yes, A Small Problem	No, Not A prob-
Item			
a. Delay in your medical care while you wait for approval by your health plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Difficulty in receiving care that you and your doctor believe is necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Not being able to get a referral to a specialist that you want to see	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Have you called or written your health care plan with a complaint or problem in the last 12 months? (*Mark one.*)

- ☐ Yes (*Answer Question 9a*)
- ☐ No (*Go to Question 10*)

9a. How long did it take for the health plan to resolve your complaint? (*Mark just one.*)

- ☐ Same day
- ☐ 1 week
- ☐ 2 weeks
- ☐ 3 weeks
- ☐ 4 or more weeks
- ☐ Not yet resolved

10. All things considered, how satisfied are you with your current health plan? (*Mark just one.*)

- ☐ Completely satisfied
- ☐ Very satisfied
- ☐ Somewhat dissatisfied

- ☐ Neither satisfied not dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ Completely dissatisfied

11. During the past 12 months, did your plan's overall performance get better, stay the same, o r get worse? (**Mark just one.**)

- ☐ Much better
- ☐ Somewhat better
- ☐ Stayed the same
- ☐ Somewhat worse
- ☐ Much worse

12. Would you recommend your curent health plan to your family or friends? (**Mark just one.**)

- ☐ Definitely yes
- ☐ Probably yes
- ☐ Probably not
- ☐ Definitely not

13. Do you intend to switch to a different health plan when you next have an opportunity to do so? (**Mark just one.**)

- ☐ Definitely yes
- ☐ Probably yes
- ☐ Probably not ———> SKIP to Question 15
- ☐ Definitely not ———> SKIP to Question 15

14. What are the reasons that you might switch health plans the next time you have an opportunity to do so?

Further Information on Services

This next set of questions asks about your health care. The term “Provider” is a general term that refers to persons from whom you receive health services.

15. How long do you USUALLY have to wait between the time you make an appointment for care and the day you actually see the provider? *(Please mark one box on each line.)*

When going for:	Same Day	1-3 Days	4-7 Days	8-14 Days	15-30 Days	31-60 Days	61+ Days
a. Routine care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Minor illness or injury (Like treatment for a sore throat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Chronic or ongoing condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Urgent care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. When calling for medical information or advice, how long does it USUALLY take for your provider's office to return your call? *(Please mark just one box.)*

- ☐ Less than 1 hour
- ☐ 1 hour but less than 4 hours
- ☐ 4 hours but less than 7 hours
- ☐ 7 hours but less than 24 hours
- ☐ 24 hours or more

17. Once you get to your provider's office, how long do you USUALLY have to wait to see your provider when you have an appointment for care? *(Please mark just one box.)*

- ☐ Less than 10 minutes
- ☐ 10 to 15 minutes
- ☐ 16 to 30 minutes
- ☐ More than 30 minutes but less than 45 minutes
- ☐ 45 minutes to 1 hour
- ☐ 1 to 2 hours
- ☐ 2 hours or more

18. When you go for medical care, how often do you see the same provider? *(Please mark just one box.)*

- ☐ Always
- ☐ Most of the time
- ☐ Sometimes
- ☐ Rarely or never

Health and Daily Activities

This next series of questions is to help us gain a better understanding of the health of all members. Your responses are confidential and will only be viewed in combination with all other members responding to the survey.

Please answer every question. If you are unsure about how to answer, please give the best answer you can.

19. In general, would you say your health is:

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

20. The following items are about activities you might do during a typical day. Does your health NOW LIMIT YOU in these activities? If so, how much? (***Mark one box on each line.***)

- | | Yes
Limited
A Lot | Yes
Limited
A Little | No, Not
Limited
At All |
|--|--------------------------|----------------------------|------------------------------|
| a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Climbing several flights of stairs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

21. During the PAST 4 WEEKS, have you had any of the following problems with your work or other regular daily activities AS A RESULT OF YOUR PHYSICAL HEALTH? (***Mark one box on each line***)

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Accomplished less than you would like | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Were limited in kind of work or other activities | <input type="checkbox"/> | <input type="checkbox"/> |

22. During the PAST 4 WEEKS, have you had any of the following problems with your work or other regular daily activities AS A RESULT OF ANY EMOTIONAL PROBLEMS (such as feeling depressed or anxious)? (***Mark one box on each line.***)

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Accomplished less than you would like | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Didn't do work or other activities as carefully as usual | <input type="checkbox"/> | <input type="checkbox"/> |

23. During the PAST 4 WEEKS, how much did PAIN interfere with your normal work (including both work outside the home and housework)? (***Mark just one answer.***)

- ☐ Not at all
- ☐ A little bit
- ☐ Moderately
- ☐ Quite a bit

☐ Extremely

24. These questions are about how you feel and how things have been with you DURING THE PAST 4 WEEKS. For each question, please give the one answer that comes closest to the way you have been feeling. (**Mark one box on each line.**)

How much of the time during the past 4 weeks...	All Of The Time	Most Of The Time	A Good Bit Of The Time	Some Of The Time	A little Of The Time	None Of The Time
a. ...have you felt calm and peaceful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ...did you have a lot of energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ...have you felt downhearted and blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. During the PAST 4 WEEKS, how much of the time has YOUR PHYSICAL HEALTH OR EMOTIONAL PROBLEMS interfered with your social activities (like visiting with friends, relatives, etc.)? (**Mark just one answer.**)

- ☐ All of the time
☐ Most of the time
☐ Some of the time
☐ A little of the time
☐ None of the time

26. Compared to one year ago, how would you rate health, in general, now? (**Mark just one answer.**)

- ☐ Much better now than one year ago
☐ Somewhat better now than one year ago
☐ About the same as one year ago
☐ Somewhat worse now than one year ago
☐ Much worse now than one year ago

27. Has a doctor EVER told you that you had any of the following conditions? (**Mark one box on each line.**)

	Yes	No
a. Hypertension (sometimes called high blood pressure)	<input type="checkbox"/>	<input type="checkbox"/>
b. Heart disease (like angina or heart failure)	<input type="checkbox"/>	<input type="checkbox"/>
c. Diabetes (high blood sugar)	<input type="checkbox"/>	<input type="checkbox"/>
d. Cancer (except skin cancer)	<input type="checkbox"/>	<input type="checkbox"/>
e. Migraine (headaches)	<input type="checkbox"/>	<input type="checkbox"/>

28. Do you NOW have any of the following conditions? (**Mark one box on each line.**)

	Yes	No
a. Chronic allergies or sinus troubles	<input type="checkbox"/>	<input type="checkbox"/>
b. Arthritis or any kind of rheumatism	<input type="checkbox"/>	<input type="checkbox"/>
c. Sciatica or chronic back problems	<input type="checkbox"/>	<input type="checkbox"/>
d. Trouble seeing with one or both eyes, even when wearing glasses, or blindness	<input type="checkbox"/>	<input type="checkbox"/>

- e. Chronic lung disease (like chronic bronchitis, asthma, or emphysema) ☐ ☐
- f. Dermatitis or other chronic skin conditions ☐ ☐
- g. Depression ☐ ☐
- h. Ulcers in the stomach or duodenum, or heartburn ☐ ☐
- i. Limitation in the use of an arm or leg (missing, paralyzed, or weakness) ☐ ☐

29. Have you ever smoked at least 100 cigarettes in your entire life? (*Please mark just one box*)

- ☐ Yes
- ☐ No _____>Go to question 32
- ☐ Don't know _____>Go to question 32

30. Do you now smoke every day, some days, or not at all? (*Please mark just one box*)

- ☐ Every day _____>Go to question 32
- ☐ Some days _____>Go to question 32
- ☐ Not at all _____>Go to question 31
- ☐ Don't know _____>Go to question 32

31. How long has it been since you quit smoking cigarettes?

- ☐ Less than 12 months
- ☐ 12 months or more
- ☐ Don't know"

The following questions are being asked for purposes of data analysis.

About You

32 How old were you on your last birthday? (*Write in:*) Years

33 Are you male or female?

- ☐ Male
- ☐ Female

34 Are you of Hispanic origin or descent?

- ☐ Yes
- ☐ No
- ☐ DK
- ☐ Refused

35 Which of the following best describes your racial background?

- ☐ White or Caucasian
- ☐ Black or African-American

- ☐ Asian
- ☐ Pacific Islander
- ☐ Indian or Native American
- ☐ Other
- ☐ DK
- ☐ Refused

36 What is your current marital status?

- ☐ Married
- ☐ Divorced
- ☐ Separated
- ☐ Widowed
- ☐ Never Married

37 What is the highest grade or level of high school or college that you have completed?

- ☐ 4th Grade or Less
- ☐ 5th to 8th Grade
- ☐ Some High School
- ☐ High school graduate
- ☐ Some college, 2-year associate degrees, or other education or training after high school
- ☐ College graduate, 4-year degree
- ☐ Post-graduate education or degree

38 Approximately what was your family's total income, from all sources, last year before taxes?

- ☐ Less than \$15,000
- ☐ \$15,000-\$24,999
- ☐ \$25,000-\$34,999
- ☐ \$35,000 to \$44,999
- ☐ \$45,000 to \$54,999
- ☐ \$55,000-\$64,999
- ☐ \$65,000 or more
- ☐ Don't know

38 What is your relationship to ____?

- ☐ Self
- ☐ Spouse
- ☐ Parent/ Other family member
- ☐ Friend of member
- ☐ Other

Thank you very much for taking the time to respond to this survey. If you have any questions please call [DataStat's 800 number] or (801) 538-6386.